

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:628

ANSWERED ON:18.11.2016

National Rural Health Mission

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government considers National Rural Health Mission (NRHM) as successful in fulfilling its mandate for healthcare requirements of rural India during eleven years of its existence from the year 2005 to 2016 and if so, the shortcomings of the said Mission along with the manner Government proposes to improve it;

(b) the number of rural centres set up since year 2005 vis-a-vis the targets under NRHM and the amount spent under NRHM since the year 2010, year-wise, State-wise along with the current status of the NRHM, in terms of outcome targets, State and year-wise;

(c) whether the Government is aware of 70-80 per cent shortage of doctors even after eleven years of NRHM implementation and the details of the pending health projects along with the funds allocated under the NRHM in the country and if so, the details thereof; and

(d) whether the Government proposes to constitute a review Committee on NRHM and if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE

(SHRI FAGGAN SINGH KULASTE)

(a): The National Rural Health Mission (NRHM) was launched in the year 2005 to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections.

The NRHM has been successful in accelerating the decline of Maternal Mortality Ratio (MMR), Under 5 Mortality Rate (U5MR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR). It has also achieved many of the disease control targets.

The key goals of NRHM and achievements made during XI and XII plan (coterminous with the NRHM/NHM targets) are at Annexure-I.

The corrective measures taken/being taken by the Government to achieve the targets are as under:

â€¢ More resources through increased State share have been made available for NRHM/NHM.

â€¢ Based on the continuous learning from the implementation of NRHM, strategies such as RMNCH+A- continuum of care approach, High Priority Districts, strengthening Facility Based Newborn Care, Home Based Newborn Care etc. have been adopted.

â€¢ Better outreach services, new drug regimen and focussed attention to disease hot spots has been adopted to eliminate/eradicate diseases such as kala-azar, leprosy, filaria etc.

â€¢ Incentive pool to encourage State to undertake health sector reforms has been introduced.

(b): State-wise details of public health facilities set up since year 2005 is at Annexure-II.

Amount spent under NRHM/NHM during 2010-11 to 2015-16, year-wise, State-wise is at Annexure -III.

Current status of achievement of outcomes (MMR, U5MR & TFR) State wise is at Annexure- IV.

(c): As per Rural Health Statistics (RHS), there is a shortage of doctors in various public health facilities. However, public health being a State subject, the primary responsibility to ensure availability of doctors in public health facilities lies with the State Governments. Nonetheless, under NHM, financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of doctors on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs).

Support is also provided to States/UTs by giving hard area allowance to health human resources for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.

Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

- (i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and
- (ii) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Process of approvals against the proposals is a regular ongoing activity. Approvals under NHM in 2016-17 for all States have been issued.

(d): The working of NRHM/NHM is regularly monitored/ reviewed, inter-alia, through external surveys such as, National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) and Sample Registration System (SRS). NFHS-4 Survey is presently going on. Institute of Economic Growth (IEG) conducted an evaluation of NRHM on behalf of the Planning Commission. Further, Common Review Missions (CRMs) also undertake a review of NRHM/NHM annually.